



Long Term Care Highlights



North Dakota Department of Health
Division of Health Facilities

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Special points of Interest:

- Learn about the ND Department of Health survey agency complaint process.
- Did you know that weakness or gait problems are the most common causes of falls among nursing home residents, accounting for 24% of the falls?
- Preventive foot care begins with a complete foot exam.
- CDC recommends use of alcohol hand gels in the nursing department.

Complaint Investigations

By Ken Gieser, PT

Investigations of complaints regarding health care facilities are the responsibility of the Division of Health Facilities. The Centers for Medicare & Medicaid Services (CMS) guidelines require all complaint allegations to be reviewed and investigations to be conducted if the review identifies non-compliance with the requirements may have occurred. The North Dakota Century Code and North Dakota Administrative Code provide the division with the authority and responsibility to investigate complaints in all health care facilities licensed by the Department of Health. The CMS focus on complaint investigations has increased following nationwide reviews of resident care in long term care facilities in 1995 and 1999.

The complaint process begins when the Division of Health Facilities is contacted by an individual or group regarding a practice at a health care facility in the state. Complainants are encouraged to contact the facility management regarding their concerns. Complainants may remain anonymous at their request. Many times, complainants will be frustrated by what they perceive to be a lack of response by facility management staff when contacted; feel threatened by the facility staff; or fear retaliation against themselves or a facility client on whose behalf the complaint is being made. Complainants are advised the division's focus is on client care issues and not on other issues such as personality clashes or "customer service" issues unrelated to a client's care.

After the complaint has been received, the division management reviews the allegations. Included in this review are any past allegations, results of previous surveys, impact on client care and safety, and whether the complaint is within the scope of authority and responsibility of the division.

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Complaint Investigations (cont.)

Complaints that are not deemed within the scope of the division may be referred to other agencies such as the North Dakota Board of Medical Examiners or the North Dakota Board of Nursing.

Complaints deemed to be within the scope of the division's responsibility are then acted upon. Action may include investigation on the next standard survey, investigation by mail/telephone or an on-site investigation.

On-site investigations are considered "abbreviated standard surveys" and are conducted much as standard recertification surveys. They are unannounced and focus on the issues identified in the complaint. Complainant confidentiality is maintained on the complainant's request. Information is requested from the facility, a sample of clients is reviewed, staff and clients may be interviewed and facility policies and procedures may be reviewed. Issues unrelated to the complaint allegation(s) may be identified during the investigation and may also be investigated if the findings indicate possible facility noncompliance. Issues identified by the complaint investigator(s) are reviewed with the facility staff. Facility staff members are provided the opportunity to provide additional information during the investigation.

Following completion of the complaint investigation, the complaint investigator(s) determine if a deficient practice is present. Deficiencies identified are cited on the CMS 2567L and/or state licensure form(s). The deficiency citations are reviewed by the division management staff. For long term care facilities, scope and severity are determined. The deficiency list is then sent to the facility for development of a plan of correction (POC). The facility must provide the division with its POC within ten calendar days of

receiving the deficiency citations. The facility also has the option to use the Informal Dispute Resolution (IDR) process. Upon receipt of the POC, division staff review it for completeness and may request modifications by the facility. For long term care facilities, the deficiency citations and the approved POC must be readily available for public review. An on-site or mail revisit regarding the complaint investigation is completed after the facility's last day of correction.

The complaint process is required by CMS to be part of the state survey agency's responsibilities and is also part of the licensure rules and regulations in the state of North Dakota. Complainants are frequently apprehensive when contacting facility management staff regarding complaint issues and they fear retaliation against themselves or facility clients. Anonymity and confidentiality of the complainant provide some easing of these fears and allows open communication, consistent with CMS guidelines regarding complaints. Most complaints received by the Division of Health Facilities are based on miscommunication or lack of communication between the complainant and facility staff. Complaints received are not presumed to be substantiated until confirmed by an investigative process.

The intent of the complaint process is to provide a method for concerned family members and others to seek changes regarding the care clients receive in health care facilities in North Dakota. Ultimately, the goal of the complainant, the facility staff and the Division of Health Facilities is to assure the best quality health care possible for residents and patients in the state, consistent with CMS guidelines and state licensure rules.



Importance of Using Gait Belts

By Calli Jund, OTR/L

As many as 75 percent of nursing home residents fall annually (Rubenstein 1994), twice the rate of seniors living in the community. In 2001, more than 1.6 million seniors were treated in emergency departments for fall-related injuries and 373,000 were hospitalized (CDC 2003). The chance that a fall will cause a severe injury requiring hospitalization greatly increases with age (Alexander 1992). Of those who fall, 20 percent to 30 percent suffer moderate to severe injuries such as hip fractures or head traumas that reduce mobility and independence, and increase the risk of premature death (Sterling 2001). Weakness and walking or gait problems are the most common causes of falls among nursing home residents. They account for about 24% of the falls in nursing homes (Rubenstein 1994).

For the population of residents in a nursing home, these are alarming statistics. One way a facility can help prevent residents from falling, is to use a gait belt for those who require assistance with ambulation or have unsteady gait. By correctly placing a gait belt around a resident's waist, a resident could be lowered to the floor more gently after losing their balance or stumbling, rather than if they were to fall and have nothing for the caregiver to help assist them to the floor.

Gait belts can be of great benefit to residents requiring assistance to transfer, if used appropriately. Gait belts should be placed around a resident's waist snugly, but not so snug as to be uncomfortable for the resident. By grasping the gait belt from the bottom, the caregiver has

a secure point to hold the resident during transfers and assisted ambulation.

While assisting a resident with transfer, the caregiver should never pull or grab on the resident's arm. This could cause pain and injury to the resident's arm. All residents should be properly assessed by nursing or a member of the therapy department prior to initiating use of a gait belt.

References:

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Rubenstein LZ, Josephson KR, Robbins AS. Falls in the nursing home. *Annals of Internal Medicine* 1994;121:442-51.

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Diabetic Foot Care

By Kristin Hoyt, LRD



Residents with diabetes often have problems with foot care. Even ordinary foot problems can get worse and lead to serious complications. It is estimated that 15 percent of all diabetics will develop a serious foot condition at some time in their lives. Common problems include infection, ulceration and gangrene. The presence of any of these problems left unchecked may lead to an amputation, usually of the toe, foot or leg.

The foot problems are usually caused by three primary factors: neuropathy, poor circulation and decreased resistance to infection.

Neuropathy

Nerve damage diminishes the ability to feel sensations of pain, heat, cold or vibration. Ironically, this loss of sensation may cause burning or sharp pains in feet. Yet, a foot injury may be undetected.

Nerves supplying the muscles in feet and legs are also damaged. This causes weakness or loss of muscle tone and may cause hammertoes, bunions, severe calluses and other foot deformities to develop.

Poor Circulation

Persons with diabetes often have circulation disorders as the blood vessels of the foot and leg narrow and harden. Cramping in the calf or buttocks occurs when walking and can progress to a similar pain at rest. Skin may become shiny, thinned and easily damaged. Hair growth might be reduced and toenails may also thicken.

Infection

Individuals with diabetes are more prone to infections because of deficiencies in the ability of white blood cells to defend against invading bacteria. Often, the only sign of a developing

infection is an unexplained high blood sugar. Calluses, if not trimmed, get very thick, break down and turn into open sores that may become infected.

Preventative care begins with a complete foot exam performed by a health care provider at least annually and more often if you have foot problems. Each day there are many things that can be done to keep the diabetic resident's feet healthy.

- Keep blood glucose in the target range.
- Examine feet daily — look for red spots, cuts, swelling and blisters.
- Wash feet daily and dry carefully especially between toes.
- Use a pumice stone on wet skin to control calluses.
- Soak feet before trimming toenails straight across. This should be done regularly. Avoid further soaking of feet as it dries the skin.
- Rub a thin coat of skin lotion over the tops and bottoms of feet, but not between toes, after bathing to lock in moisture and soothe skin.
- Use therapeutic shoes. Check the inside of shoes before wearing to ensure no objects are inside and linings are smooth. Never walk barefoot.
- Never use hot water bottles, heating pads, or electric blankets and use only lukewarm water when bathing to prevent burns.
- Encourage raising feet up when sitting and movement of toes and ankles up and down for five minutes, two or three times a day.

While these are some of the most commonly prescribed treatments for diabetic foot problems, others may be used. A podiatrist will determine which treatment is likely to be the most successful in each case.

Sources:

www.diabetes.org/ada/c70c.html (American Diabetes Association)

www.acfas.org/brd/abfp.html (American College of Foot and Ankle Surgeons)

To Gel or Not to Gel . . . A Clarification

By Laura L. Hiebert MS, LRD

Over the past few months, the Division of Health Facilities has received several inquiries as to whether we condone or condemn the use of alcohol hand gels in long term care facilities. The answer is . . . it depends on what services are provided by the staff using the hand gels.

The CDC recommends the use of alcohol hand gels in the nursing department or for staff having direct contact with the clients/residents. Use of hand gels has increased staff compliance with hand hygiene recommendations. The gels are not only quick and easy to use, they are also very effective against the kinds of pathogens found in the nursing department.

There are no state or federal regulations for or against the use of hand gels in the nursing department. Whether or not your facility uses alcohol hand gels for the staff having direct patient/client/resident contact is your decision.

Please note: Dispensers for alcohol-based hand sanitizers cannot be mounted in the corridors of a health facility.

New Plastic CNA Cards are being issued effective March 3, 2004, replacing the old cardboard cards. The plastic cards have new wording, updated Department of Health logo, no longer require the CNA to sign and indicate a change of address requires the CNA to contact the department at 701.328.2353.

Basic RAI Training will be held April 13 and 14, 2004, in Bismarck. Information will be sent to facilities two weeks prior to this conference. This class is for long term care personnel who are new to the RAI process. If you have any questions regarding this training program, please contact Patricia Rotenberger at 328.2352 or e-mail at protenbe@state.nd.us.

The dietary department is a different story.



The CDC does not recommend the use of alcohol hand gels in the dietary department or in any part of the facility in which food preparation and service is performed. Hand gels are not very effective against the pathogens that cause food borne illness. There are also concerns about ingredients in the hand gels contaminating the foods served to clients and patients.

Further, there is state regulation regarding the use of alcohol hand gels in food service establishments. In August of 2003, the "North Dakota Requirements for Food and Beverage Establishments" was updated. The new version of these regulations adopted the recommendations of the "Federal Food Code" regarding the use of alcohol hand gels.

The regulation requires the ingredients of the hand gels either to meet the federal food additive regulations for substances used in food-contact articles, or to be GRAS (Generally Recognized as Safe) for use in contact with food. This has proven to be problematic as very few of the hand gel manufacturers have identified whether or not their products meet this requirement.



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